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	FURIN	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				FINIT FILL FILL FILL FILL FILL FILL FILL FI										OMB Number: Estimated average hours per response			erage burde	3235-0287 n 0.5	
transa contra the pu securit intendo defens	rchase or sale of ies of the issue ed to satisfy the	pursuant to a written plan for of equity r that is								i periy re									
1. Name and Address of Reporting Person [*] Dorval Allison					2. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer					
(Last) (First) (Middle) C/O VERVE THERAPEUTICS, INC. 201 BROOKLINE AVENUE, SUITE 601					3. Date of Earliest Transaction (Month/Day/Year) 11/29/2024														
(Street) BOSTON MA (02215		4. If Am	Line)									iled by One	Group Filing (Check Applicable by One Reporting Person by More than One Reporting			
(City) (State) (Zip)																			
		Tab	le I - Nor	n-Deriv	ative So	ecurities A	cqu	uired,	Dis	osed	of, c	or Ben	eficial	ly Owne	b				
1. Title of Security (Instr. 3)				2. Transad Date (Month/Da		2A. Deemed Execution Date if any (Month/Day/Yes	· /	3. Transaction Code (Instr.) 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							ĺ	Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		ľ	(Instr. 4)	
Common Stock				11/29	/2024			М		1,875		A	(1)	5,935			D		
Common Stock 12/02					/2024			S ⁽²⁾		555		D	\$5.64	4 5,	5,380		D		
		Т				urities Acc ls, warrant								Owned					
1. Title of Derivative Security (Instr. 3)	. Title of 2. 3. Transaction Date Execution if any or Exercise (Month/Day/Year)			d Date,	4. Transactio Code (Inst 8)	5. Number n of	6. Date Exercisable ar Expiration Date (Month/Day/Year)			ble and	le and 7. Title and Amount of		ecurity	8. Price of Derivative Security (Instr. 5) 8. Price of Security (Instr. 5) 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)		s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Restricted Code V (A) (D) Date Exercisable Expiration Date Title

Explanation of Responses:

Stock Units (1)

1. Restricted stock units ("RSUs") convert into common stock on a one-for-one basis. This transaction represents the settlement of RSUs in shares of common stock on their scheduled vesting date,

1,875

2. This transaction was effected pursuant to a durable automatic sale instruction plan adopted by the reporting person on December 9, 2021, and represents a broker-assisted sale of shares to satisfy the payment of withholding tax liability incurred upon the vesting of restricted stock units. The sale does not represent a discretionary trade by the reporting person.

(3)

3. On November 29, 2021, the reporting person was granted 7,500 RSUs pursuant to the Verve Therapeutics, Inc. 2021 Stock Incentive Plan. Each RSU represents a contingent right to receive one share of the Company's common stock upon vesting, with 25% of the RSU vesting on November 29, 2022 and the remainder vesting in equal annual installments until November 29, 2025.

/s/ Andrew Ashe, as Attorney-12/03/2024

\$<mark>0</mark>

1,875

D

in-Fact for Allison Dorval

Amount or Number

of Shares

1,875

Commo

Stock

(3)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

11/29/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Μ

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.